1. **MINUTES OF THE MEETING HELD ON 16 MARCH 2011**

   **Resolved:** That the minutes of the meeting of this Sub-Committee held on 16 March 2011 be approved as a correct record.

2. **DECLARATIONS OF INTEREST**

   There were no declarations of interest.

3. **PRESENTATION BY PAUL CARPENTER, STAFFORDSHIRE LINK**

   The Committee received a presentation from Paul Carpenter regarding Staffordshire Link and the Local HealthWatch Pathfinder Proposal. Concern was raised by the Committee that little was known about the LINk and assurances were given by Mr Carpenter that profile raising was currently being addressed by a co-ordinating group at County level.

   It was hoped that the LINk would in the future be able to help facilitate real changes on the ground as it had the power to enter and view health establishments including those that were funded by public money. The LINk had now been established in Staffordshire for approximately 12 months and during this time a successful recruitment campaign had been carried out resulting in the appointment of approximately 25 well trained volunteers.

   Appendix A detailed the Local HealthWatch Pathfinder Proposal which involved 19 health organisations form across the County coming together through the Engaging in Communities Staffordshire Project. This project would establish a social enterprise that would bring together public engagement, consultation, complaints, insight services and consumer advice under an independent heading. At the moment the information gathering was still slightly muddled but it was important that it continued in order to gain a complete understanding of the situation as it currently existed.

   To date there had been three enter and view visits, 1 of which had been to Burton Hospital and was deemed by the LINk to have been successful. The Committee raised concerns that the LINk did not have any real powers regarding forcing
improvements through once problems had been indentified. Mr Carpenter stated that the LINk had legislative powers to make recommendations to service providers and that should recommendations be ignored that a report would be produced to that effect. An action plan would also be produced which would be monitored by the LINk and follow up visits made. The reports would be available on the internet and bulletins would be sent to all LINk members.

The Chair stated that the objectives of the LINk still appeared unclear and that it was still vague as to what real difference the organisation would be able to make. Concern was also raised as to the number of different groups currently scrutinising health activities and that there appeared to be poor coordination amongst them. It was however also stated that even though the LINk had struggled in the beginning it had been re launched 12 months ago and that it was currently performing well with a successful recruitment campaign and 3 visits carried out to date.

Mr Carpenter did confirm that should the Health Sub Committee request the involvement of the LINk with any of the projects it planned to undertake then the LINk would certainly be on hand to help.

4. **CHAIRMAN’S VERBAL REPORT**

The Chair confirmed that the Health Sub Committee would not be disbanded as had been suggested in the Scrutiny Peer Review but would continue as the Health Scrutiny Committee.

The Chair stated that he had put a set of questions to North Staffs hospital and a document was circulated to the Committee detailing the answers given. The results of the clinical review were hoped to be made public within the week. With regards to the audit of all neurovascular procedures the Committee questioned whether should issues arise from the 80 or more cases investigated if the audit would be expanded. It was confirmed that this would be the case. In relation to the Review of Scans performed from Friday 27 to 30 August 2010, the Chair stated that all reports were hoped to be out by the end of August 2011.

The Chair also informed the Committee that he would be visiting the hospital along with the Chair and Vice Chair of the County Health Scrutiny Committee and Cllr Mrs Cornes. A presentation by Senior Managers and consultants from the hospital was due to be held at the next meeting of the County Health Scrutiny Committee in Stafford on Monday 5 September 2011 which any one could attend. The Committee did not consider it necessary to repeat the presentation at Newcastle and the suggestion was made that the County meeting could be recorded. The Chair also confirmed that a second public accountability meeting would be help at Newcastle Borough Civic Offices towards the end of September.

5. **CODE OF JOINT WORKING ARRANGEMENTS – HEALTH SCRUTINY**

The Committee received a report advising them of the Code of Joint Working for Health Scrutiny in Staffordshire.

The Code was looked at every year and highlighted how the work of this Committee and those of other District/Borough Health Committees fitted into the overarching work being carried out by the County Council Health Scrutiny Committee.
The Code stated that District/Borough Scrutiny Activity could deal with the following:

- Health bodies, consultations, commissioning and services which contributed towards health improvement within their area.
- Matters which had been agreed with the Staffordshire Health Scrutiny Committee.
- District/Borough services that interfered with planning for and providing health services – for example, but not exclusively, housing, leisure and environmental health.
- Relevant local partnerships.

The Committee expressed concerns regarding what would happen when the County Council entered into a trust and how issues such as Social Services would be dealt with such as whether the County would still have ultimate responsibility for this area. The Chair confirmed that he would investigate this issue further.

The comment was also made that an officer from Newcastle under Lyme Borough Council be appointed to attend the County wide health officer network meetings.

Resolved:-

(a) That the Code of joint working for health scrutiny in Staffordshire be supported.

(b) That the Chair investigate the issues associated with the County Council entering a trust and where the responsibility for Social Services would then lie.

6. **PLANNING HEALTH AND SCRUTINITY**

The Committee received a report suggesting actions to be taken in the course of developing a coordinated approach to planning a future work plan.

The following matters were agreed as part of the committees future work programme:

- Consultation on Mental Health Service Changes
- Review of Regional Major Trauma Services
- Accident and Emergency Department at UHNS
- Fit for the Future Programme – Move to the new hospital
- Health indicators in Newcastle – Smoking and infant mortality

The Committee considered that it would be useful to visit the current accident and emergency department at UHNS prior to the move to the new department, that it was crucial to gain an understanding of how the move would be made and that close scrutiny be maintained of the service following the move. The Committee agreed that an officer involved in the move be invited to attend its next meeting at which time a decision could be made as to when to arrange a site visit to the hospital. A request would also be made for statistics collected 6 months prior to the move, 6 months after and then at agreed intervals following this.

Resolved:-

(a) That the agreed subjects form part of the work programme during the municipal year 2011-12.
(b) That an Officer from the UHNS be invited to attend the next meeting of the Committee to provide information regarding the planned move of the Accident and Emergency Department.

7. * HEALTH PROFILE FOR NEWCASTLE UNDER LYME

The Committee received a report providing information that would assist it in developing a co-ordinated approach to planning future activities.

The report highlighted the fact that indicators for Newcastle under Lyme were in general significantly worse than the English average.

The Committee expressed concern regarding the poor indicators and requested that further detailed information be brought to future meetings in order that a way forward could be formulated to try and tackle the issues highlighted. Further information requested included facts such as where the infants had been registered at birth, corresponding statistics for Stoke on Trent and information as to how the statistics had been calculated. The Committee also agreed that the Director for Public Health be approached regarding the statistics for smokers and diabetes. A request was also made that where possible the statistics be dropped down to ward level to help ensure that resources were being used in the worst performing areas.

Resolved:-

(a) That the report be received

(b) That further more detailed information be brought to subsequent meetings.

(c) That the Director for Public Health be approached regarding statistics relating to smoking and diabetes.

8. * NEWCASTLE UNDER LYME HEALTH AND WELL BEING STRATEGY – PROJECT INITIATION DOCUMENT

The Committee received a report informing it of a project being undertaken to prepare a Health and Well Being Strategy for Newcastle under Lyme.

Members were asked to consider the report and feed back to Officers any comments or suggestions they may have regarding the project objectives, method of approach and desired outcomes. Areas for investigation could include ward by ward statistics highlighting inequalities within the Borough. It was stated that one objective of the project would be to help draw together many different Council services such as benefits, mental health, community safety and economic development.

Members requested that separate statistics for domestic violence be included in the report and a request was also made for statistics on child abuse and how this related to those of domestic violence.

A draft of the project would be produced in late autumn and brought to this Committee along with an action plan.

Resolved:- That the report be noted.
9. **CARERS CONSULTATION 2011-2016**

The Committee received a report requesting responses to a consultation exercise on the Carers Joint Commissioning Strategy 2011-2016. The strategy outlined how the County Council proposed to work closely with other services across Staffordshire to support both young and adult carers. The County Health Scrutiny Committee had already produced a formal response and Members were asked if they wished to add any further comments to this. Members requested that the following be fed back to the County:

- The Committee were concerned that some vulnerable people could loose out on care and stated that steps had to be taken to ensure that no one was allowed to fall through the net especially during the transitional period.

- The Committee were also concerned that not all carers were being identified and suggested that the Local Education Authority, GPs and any other key organisations that may be able to identify child carers be involved in the process.

Resolved: That the above comments be fed back to the County Council for inclusion in the response to the consultation.

10. **UPDATE PREPARED BY TRACY SHEWAN ON CURRENT MATTERS FOR NHS STAFFORDSHIRE AND ITS PATIENT POPULATION.**

Members received a written briefing intended to help provide them with a general update on current matters for NHS North Staffordshire and its patient population.

Concerns were raised by Members regarding the development of a ‘Payment by Results’ approach for funding for mental health services as mentioned on page 4 of report. Issues relating to the transition of mental health care for individuals moving from child to adult services were also highlighted as extremely important and it was stated that any gaps in such a transition needed to be investigated.

Resolved: That the report be received

11. **MINUTES OF STAFFORDSHIRE COUNTY COUNCILS HEALTH SCRUTINY COMMITTEE HELD ON 6 JUNE 2011**

Resolved: That the minutes of the above meeting be received.

D BECKET
Chair